

Docket No.  
**32040**

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### **METHOD OF TREATING FISH AND CRUSTACEANS WITH A TELLURIUM BASED IMMUNOMODULATOR**

the specification of which

☐ is attached hereto.

☒ was filed on **9 December 2004** as ~~United States Application No.~~ or **PCT**

**International Application Number PCT/IB2004/004095**

~~and was amended on~~ \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of federal Regulations, Section 1.56. Including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

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I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

60/529,142  
(Application Serial No.)

12 December 2003  
(Filing Date)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112. I acknowledge the duty to disclose to the United States Patent and Trademark Office all the information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

PCT/IB2004/004095  
(Application Serial No.)

9 December 2004  
(Filing Date)

\_\_\_\_\_  
(Status)  
(patented, pending, abandoned)

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(Application Serial No.)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

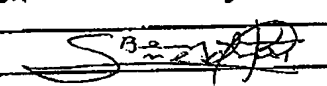
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

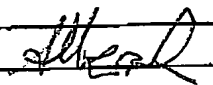
Martin D. MOYNIHAN Registration Number 40,338

Send Correspondence to: **Martin D. MOYNIHAN**  
PRTSI, Inc.  
P.O. Box 16446  
Arlington, Virginia 22215

Direct Telephone Calls to: *(name and telephone number)*

**Martin D. MOYNIHAN** Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR		<b>Benjamin SREDNI</b>
Sole or first inventor's signature		Date <u>8/MAR/07</u>
Residence	: 3 Shachal Street, 44380 Kfar-Saba, Israel	
Citizenship	: Israeli	
Post Office Address	: 3 Shachal Street, 44380 Kfar-Saba, Israel	

FULL NAME OF SECOND INVENTOR, IF ANY		<b>Michael ALBECK</b>
Second inventor's signature		Date <u>26-NOV-06</u>
Residence	: 8 Harel Street, 52223 Ramat-Gan, Israel	
Citizenship	: Israeli	
Post Office Address	: 8 Harel Street, 52223 Ramat-Gan, Israel	

FULL NAME OF THIRD INVENTOR , IF ANY		<b>Rami AVTALION</b>
Third inventor's signature	_____	Date _____
Residence	: Bar-Ilan University, 52900 Ramat-Gan, Israel	
Citizenship	: Israeli	
Post Office Address	: Bar-Ilan University, 52900 Ramat-Gan, Israel	

FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Eitan OKUN</b>
Fourth inventor's signature	_____	Date _____
Residence	: Bar-Ilan University, 52900 Ramat-Gan, Israel	
Citizenship	: Israel	
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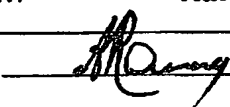
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Direct Telephone Calls to: *(name and telephone number)*

**Martin D. MOYNIHAN** Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR	<b>Benjamin SREDNI</b>
Sole or first inventor's signature _____	Date _____
Residence	: 3 Shachal Street, 44380 Kfar-Saba, Israel
Citizenship	: Israeli
Post Office Address	: 3 Shachal Street, 44380 Kfar-Saba, Israel

FULL NAME OF SECOND INVENTOR , IF ANY	<b>Michael ALBECK</b>
Second inventor's signature _____	Date _____
Residence	: 8 Harel Street, 52223 Ramat-Gan, Israel
Citizenship	: Israeli
Post Office Address	: 8 Harel Street, 52223 Ramat-Gan, Israel

FULL NAME OF THIRD INVENTOR , IF ANY		<b>Rami AVTALION</b>
Third inventor's signature		Date <u>14.06.06</u>
Residence	: Bar-Ilan University, 52900 Ramat-Gan, Israel	
Citizenship	: Israeli	
Post Office Address	: Bar-Ilan University, 52900 Ramat-Gan, Israel	

FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Eitan OKUN</b>
Fourth inventor's signature	_____	Date _____
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Sole or first inventor's signature _____	Date _____
Residence	: 3 Shachal Street, 44380 Kfar-Saba, Israel
Citizenship	: Israeli
Post Office Address	: 3 Shachal Street, 44380 Kfar-Saba, Israel

FULL NAME OF SECOND INVENTOR , IF ANY	<b>Michael ALBECK</b>
Second inventor's signature _____	Date _____
Residence	: 8 Harel Street, 52223 Ramat-Gan, Israel
Citizenship	: Israeli
Post Office Address	: 8 Harel Street, 52223 Ramat-Gan, Israel

FULL NAME OF THIRD INVENTOR, IF ANY		Rami AVTALION
Third Inventor's signature		Date
Residence	: Bar-Ilan University, 52900 Ramat-Gan, Israel	
Citizenship	: Israel	
Post Office Address	: Bar-Ilan University, 52900 Ramat-Gan, Israel	

FULL NAME OF FOURTH INVENTOR, IF ANY		Eliran OKUN
Fourth Inventor's signature		Date 1.6.2006
Residence	: Bar-Ilan University, 52900 Ramat-Gan, Israel	
Citizenship	: Israel	
Post Office Address	: Bar-Ilan University, 52900 Ramat-Gan, Israel	